

Hotel Credit Card Payment Form



C&H International, 4751 Wilshire Blvd., Ste 201, Los Angeles Tel: 800 - 833 - 8888 Fax: 323 - 939 - 2286

Fax this completed form to 323-939-2286

Booking Number: _____ Provider Conference: _____

Hotel Name: _____

Check in: _____ Check out: _____

Credit Card: American Express MasterCard VISA Discover

Credit Card Number: _____

Cardholder's Name: _____

(exactly as imprinted on credit card)

Exp. Date(MM/YY): _____

American Express

MasterCard & VISA

CVV2: _____

Total Amount Charged: \$ _____



Cardholder's Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ E-Mail Address: _____

Identification is required. Please provide copy of the credit card (front and back) and driver's license of cardholder.

By signing below, I authorize C&H International to charge my credit card for the amount described above. Payment in full to be made when billed or in extended payments in accordance with standard policy of credit card issuing company. I future acknowledge that I have been informed of the cancellation and refunds policies and agree to the terms and conditions.

Cardholder's Signature _____ Date _____

To be completed by Travel Agent (If unable to obtain above Cardholder's signature and/or supporting documents)

I have verified the above cardholder's identification and agree to assume all responsibility for any charge-backs or credit disputes pertaining to the above booking.

Agent Name: _____

Representative Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Signature of Representative _____ Date _____

CST # 1016644-40